

# FISCAL NOTE

**Bill #:** HB0500

**Title:** Clarify corrections financial responsibility for inmates at state institutions

**Primary**

**Sponsor:** Beverly Barnhart

**Status:** As introduced

Sponsor Signature

Date

Dave Lewis, Budget Director

Date

## Fiscal Summary

	<b><u>FY2000 Difference</u></b>	<b><u>FY2001 Difference</u></b>
<b>Expenditures:</b>		
General Fund (DPHHS)	(446,205)	(439,562)
General Fund (DOC)	446,205	439,562
<b>Revenue:</b>	0	0
<b>Net Impact on General Fund Balance:</b>	<b>\$0</b>	<b>\$0</b>

<b><u>Yes</u></b>	<b><u>No</u></b>		<b><u>Yes</u></b>	<b><u>No</u></b>	
	X	Significant Local Gov. Impact	X		Technical Concerns
	X	Included in the Executive Budget		X	Significant Long-Term Impacts

## ASSUMPTIONS:

### **Department of Public Health and Human Services**

1. The bill applies only to patients who were first sentenced to imprisonment in either the Montana State Prison (MSP) in Deer Lodge or the Montana Women's Prison (MWP) in Billings and then transferred to a state institution for services. The Addictive and Mental Disorders Division assumes this applies to the Montana State Hospital (MSH), Montana Mental Health Nursing Care Center (MMHNCC) and Montana Chemical Dependency Center (MCDC).
2. Based on current experience, there are about four patients for a full year at MSH and no patients at MMHNCC and MCDC where costs of care would be billed to the Department of Corrections (DOC). Due to the downsizing and the limitations of secure beds, it is projected that MSH will continue to have an average of four patients costs billed to DOC in FY 2000 and FY 2001.

(continued)

3. The budgeted daily cost at MSH \$305.62 in FY 2000 and \$301.07 in FY 2001. Currently the budgeted costs for these patients are from general fund. HB 500 would allow MSH to reduce its general fund request by \$446,205 (\$305.62 x 4 x 365) in FY 2000 and \$439,562 (\$301.07 x 4 x 36) in FY 2001 and replace it with state special revenue authority.

**Department of Corrections (DOC)**

4. The DOC assumes that an individual sent to Montana Developmental Center would be sentenced under Title 53, Chapter 20, MCA, and therefore does not anticipate placement costs for the 2001 biennium.
5. The DOC has not placed inmates in the Montana Veteran's Home, the Eastern Montana Veteran's Home, the Montana Mental Health Nursing Care Center, or the Eastmont Human Services Center and does not anticipate placement costs for the biennium.
6. The DOC has an agreement with the Montana Chemical Dependency Treatment Center (MCDC) by which MCDC provides therapeutic day treatment services for individuals who are in the Butte pre-release center. In FY 1998, MCDC provided chemical dependency therapeutic services for approximately 6 ADP. According to DPHHS personnel, therapeutic costs run up to \$100 a day for 6 days a week. Because this is day treatment only and the inmate does not stay at the center 24 hours a day, DPHHS provides the services free of charge and will continue this agreement in the 2001 biennium.

**FISCAL IMPACT:**

	<u>FY2000 Difference</u>	<u>FY2001 Difference</u>
<b>Department of Public Health and Human Services</b>		
<u>Expenditures:</u>	\$0	\$0
<u>Funding:</u>		
General Fund (01)	(\$446,205)	(\$439,562)
State Special Revenue (02)	<u>\$446,205</u>	<u>439,562</u>
TOTAL	\$0	\$0

**Net Impact to Fund Balance (Revenue minus Expenditure):**

General Fund

**TECHNICAL NOTES:**

**Department of Public Health and Human Services**

New Section 53-1-402(4) states that the Department of Corrections is responsible for the cost of care for an inmate who has been sentenced to imprisonment and who is admitted to or committed to a state institution during the sentence of imprisonment. Currently inmates are transferred from prisons to a Pre-release Center in Butte and receive services at the Montana Chemical Dependency Center. DPHHS assumes these costs will not be billed to the DOC as the inmates are not admitted to or committed to the institution (MCDC).

**Department of Corrections**

Since MCDC is already funded with earmarked alcohol revenue (53-24-108, MCA), it appears that additional general fund payments from DOC would result in double-funding of the same population.